

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

*10/602631*

**CLAIMS AS FILED - PART I**

| AMENDMENT   | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * <i>20</i>                      | Minus | ** <i>20</i>                       | =             |
| Independent   | * <i>2</i>                       | Minus | *** <i>3</i>                       | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| X\$9=           |                | OR XS18=           |                |
| X43=            |                | OR X86=            |                |
| +145=           |                | OR +290=           |                |
| TOTAL ADDIT FEE |                | OR TOTAL ADDIT FEE |                |

| AMENDMENT   | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| <i>6/29/04</i><br>Total   | * <i>25</i>                      | Minus | ** <i>20</i>                       | = <i>5</i>    |
| Independent   | * <i>5</i>                       | Minus | *** <i>3</i>                       | = <i>2</i>    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| X\$9=           |                | OR XS18=           | <i>90</i>      |
| X43=            |                | OR X86=            | <i>172</i>     |
| +145=           |                | OR +290=           |                |
| TOTAL ADDIT FEE |                | OR TOTAL ADDIT FEE | <i>pd.</i>     |

| AMENDMENT   | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| X\$9=           |                | OR XS18=           |                |
| X43=            |                | OR X86=            |                |
| +145=           |                | OR +290=           |                |
| TOTAL ADDIT FEE |                | OR TOTAL ADDIT FEE |                |

| AMENDMENT   | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| X\$9=           |                | OR XS18=           |                |
| X43=            |                | OR X86=            |                |
| +145=           |                | OR +290=           |                |
| TOTAL ADDIT FEE |                | OR TOTAL ADDIT FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.